

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000023503

1. Entity Name
DANA C. FOUST, INC.



Principal Place of Business
4260 CASTLEWOOD RD., #18
SEFFNER, FL 33584

Mailing Address
4260 CASTLEWOOD RD., #18
SEFFNER, FL 33584

2. Principal Place of Business
1629 Bell Shoals Rd.

Suite, Apt. #, etc.

3. Mailing Address
1629 Bell Shoals Rd.

Suite, Apt. #, etc.

City & State
BRANDON FL.

Zip 33511

Country USA

City & State
BRANDON

Zip FL

Country USA

02012005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0625181

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOUST, DANA C
4260 CASTLEWOOD RD., #18
SEFFNER, FL 33584

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

4-26-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME FOUST, DANA C
STREET ADDRESS 4260 CASTLEWOOD RD., #18
CITY-ST-ZIP SEFFNER, FL 33584

Delete

TITLE SDT
NAME ALFONSO, PHILLIP
STREET ADDRESS 4260 CASTLEWOOD RD., #18
CITY-ST-ZIP SEFFNER, FL 33584

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 (813)659-9792

Date

Printed Name